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Draft country programme document**

Egypt

Summary

The draft country programme document for Egypt is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $13,195,000 from regular resources, subject to the availability of funds, and $31,805,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	29.5
U5MR (per 1,000 live births)	36
Underweight (% moderate and severe, 2003)	9
Maternal mortality ratio (per 100,000 live births, 2000)	84
Primary school attendance (% net, male/female, 2003)	84/82
Primary school children reaching grade 5 (%, 2001/2002)	98
Use of improved drinking water sources (%, 2002)	98
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 6-14 years old)	6
GNI per capita (US$)	1 130
One-year-olds immunized against DPT3 (%)	93
One-year-olds immunized against measles (%)	97

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Egypt's Human Development Index ranking increased by almost 50 per cent in the last three decades, moving it from the low to medium development group (120 out of 177 countries). However economic growth has not yet translated into sustainable improvement of Egyptians' well-being, and poverty persists. The Government has adopted several important measures aimed at accelerating economic growth, creating job opportunities and better focusing of social safety nets, particularly subsidy schemes. The year 2005 saw elections in Egypt and multi-candidate presidential elections were held for the first time.

2. Egypt has made significant progress towards achieving the Millennium Development Goals. As indicated in the 2004 country report, there is good probability that Goals 1, 4, 5 and 6 (poverty and hunger, child mortality, maternal health, malaria and other diseases) will be met by 2015. Data are insufficient to measure progress on Goal 6 (HIV/AIDS). There is potential, but not high probability, to meet Goals 2, 3, 7 and 8 (universal primary education, gender equality and empower women, environmental sustainability, a global partnership for development).

3. This progress is accompanied by persistent subnational disparities, particularly in Upper Egypt, where 25 million people (37 per cent of the population) reside. Between 1995 and 2000, poverty declined by 14 per cent at the national level but in rural Upper Egypt it actually increased by 17 per cent.

4. The Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) placed children at the forefront of the development agenda. This commitment contributed, inter alia, to a significant reduction of under-five mortality and a high level of primary education attainment.

5. The under-five mortality rate (U5MR) halved over the last decade, to 36 per 1,000 live births. Improved access to medical care during pregnancy and childbirth contributed to improving child survival. Recent studies indicate further improvement in the maternal mortality ratio since 2000 (68 per 100,000 live births in 2003). If these trends continue, Egypt will achieve the Millennium Development Goal of reducing U5MR by two thirds during the period 1990-2015 at national level. However, the situation in rural Upper Egypt remains a concern. There is widespread chronic malnutrition among young children and 18 per cent of children under five years are stunted. Some 78 per cent of the population consumes iodized salt, but disparities exist and five governorates are classified as high risk for iodine deficiency.

6. Immunization coverage is high, with 89 per cent of children aged 12-23 months fully immunized. Due to significant government efforts and support by international agencies, Egypt is no longer classified as polio-endemic. Use of improved water sources is almost universal, but the quality of potable water often does not meet international standards, particularly in remote rural and urban slum areas. The *Egypt Human Development Report 2005* cites sanitation as the "silent emergency" with serious consequences for children's development when combined with poverty and poor child-care practices. An estimated 20 per cent of yearly child mortality can be attributed to diarrhoeal diseases caused by poor sanitation facilities and practices.

7. Primary-school enrolment among boys and girls is 94 and 91 per cent respectively. Net school attendance rates are lower by around 10 per cent for both genders. Enrolment in the formal education system in parts of Upper Egypt lags behind the rest of the country, ranging from 96 and 95 per cent among boys and girls respectively in Aswan governorate to 77 and 75 per cent respectively in Sohag governorate. Economic pressures on families, the quality of learning and the school environment adversely affect achievement rates.

8. Adolescents — one fifth of the population — face considerable challenges in finding employment. This is aggravated by the quality of their education, which does not provide them with the necessary skills. There is a lack of proper information on age-specific issues and specialized services, which affect adolescents' ability to have a meaningful role in their society.

9. The Government prioritizes child protection, and national plans of action and programmes for at-risk children are in place, but abuse and violence continue in homes, schools and the streets. An estimated 8 per cent of children aged 6-14 years are child labourers and there are between 83,000 and 200,000 street children in Egyptian cities. Family breakdown and poverty are the root causes that push children to the streets. Children are also drawn to the streets where they can socialize and earn money. The prevalence of female genital mutilation and cutting (FGM/C) among girls aged 15-17 years has dropped to 77 per cent. The abandonment of FGM/C is a Government priority, and current surveys indicate a lack of intent to circumcise girls in communities.

10. The reported prevalence of AIDS is low, at 1,439 cases, and the estimated number of HIV-infected people is 12,000. However, the prevalence of hepatitis C is high and there is evidence of high-risk behaviours among street children, sex workers, injecting drug users and men having sex with men. Other factors that increase vulnerability to HIV include a rise in mobility, the high illiteracy rate, poverty and unemployment. The lack of a national strategic plan and the high level of stigma and discrimination pose challenges to existing surveillance and HIV testing, which may

result in a significant number of undetected cases and hinder access to limited services.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

11. UNICEF advocacy gradually resulted in the mainstreaming of quality components from the community school model, mostly in relation to systems development, teachers' education and the school curriculum. This comes at an opportune time with the start of a process to review the national standards for basic education. As a lead agency under the United Nations Girls' Education Initiative, UNICEF supported the National Council of Childhood and Motherhood in establishing 455 "girl-friendly" schools that reached 12,600 children, modelling initiatives that may be taken to scale.

12. There have been no reported cases of polio since mid-2004 and no positive environmental samples since January 2005. Communication and social mobilization activities contributed to raising mass awareness, and vaccines were provided for immunizing 11 million children per campaign. Egypt is close to eliminating maternal and neonatal tetanus (MNT), with the current incidence rate for neonatal tetanus well below one case per 1,000 live births (the cut-off point for elimination) in all high-risk districts. UNICEF is the sole supporter of the Ministry of Population and Health for MNT elimination.

13. There has been a notable increase in the level of public discourse, knowledge and willingness to address sensitive issues, which helped to "break the silence" of FGM/C and street children. Under the leadership of the National Council of Childhood and Motherhood, there has been progress in developing policy frameworks addressing child protection. The 1996 Child Law is under review for adoption by the Parliamentary Assembly, and a national strategy against child labour was launched in 2006. A National Plan of Action on Violence against Children has also been launched.

14. Using cost-efficient model initiatives, UNICEF has piloted work through youth centres to provide 3,000 adolescents with information on key social and health issues through a life-skills education programme. The foundation has been laid to initiate a national civic education programme for young people.

15. A film produced by UNICEF Egypt, *Rebellion of the Canes*, won the International Children's Day of Broadcasting Prize at the International Emmy Awards. *Sotna* ("Our Voice"), a pilot television programme for and by children, was launched to offer Egyptian children and adolescents a space for dialogue and discussion about their issues.

16. Through a joint United Nations programme, the Egyptian Network of Non-governmental Organizations (NGOs) against AIDS was established and is working with vulnerable populations. UNICEF is working with six multinational companies to strengthen the role of the private sector to implement workplace policies on HIV/AIDS, and to support the national response to HIV/AIDS as a business coalition.

17. UNICEF support helped to increase access to safe water to 95 per cent in six selected districts in three governorates of Upper Egypt. In addition, improved sanitation reached 82,000 people, and 270,000 people were reached with hygiene messages. Support for school sanitation and hygiene laid the foundation for expansion in the coming programme.

18. New partnerships were established with academic and research institutions, such as the Al Ahram Centre for Strategic Studies (on FGM/C), Al Azhar University (on the manual, *Children in Islam, Their Care, Protection and Development*) and the American University of Cairo (on violence against children). These partnerships serve as a platform of action for the next country programme cycle.

19. UNICEF maintained *DevInfo* with data on 140 indicators to monitor progress towards the Millennium Development Goals. UNICEF and two government institutions conducted a survey in the six least-developed districts of Upper Egypt and the resulting data were used in assessing progress and future planning.

Lessons learned

20. The mid-term review showed that the strategy of model development backed up by networking at the policy level worked well, leading to replication and expansion of approaches by the Government. Components of the community schools model have been replicated in conventional government schools, and activity-based learning is being used by the Ministry of Education as an approach for improving achievement rates. Secondly, a model for community monitoring of children at risk of abuse, exploitation and neglect and providing them with services has succeeded in securing national ownership and engaging the World Bank's Arab Urban Development Institute as a partner.

21. Providing services without appropriate mobilization and information-sharing at the community level produces limited results. Under-utilization of health and other services, rather than their availability, is the greatest constraint to improving the situation of Egyptian children. There is a need for increased investments in social mobilization and communication for behavioural change.

22. Although Egypt is close to virtual elimination of iodine deficiency, two factors have limited progress: (a) inadequate investment in strengthening the network between salt producers and other stakeholders, and (b) the high cost of social marketing campaigns. The social marketing campaigns in high-risk governorates need to be more cost-efficient to achieve wider coverage.

23. To maximize current gains for children, UNICEF must seek opportunities for greater collaboration with partners and joint programming with other United Nations agencies. In light of the United Nations Development Assistance Framework (UNDAF) priority on addressing disparities, a subnational field presence and partnerships at the governorate level are crucial for improving children's lives.

The country programme, 2007-2011

Summary budget table

Programme	(In thousands of United States dollars) Regular resources	Other resources	Total
Young child survival and development	2 654	8 600	11 254
Quality education	1 750	7 000	8 750
HIV/AIDS and adolescent development	1 850	5 450	7 300
Child protection	2 095	6 705	8 800
Social policy, advocacy and partnerships for children's rights	2 946	3 050	5 996
Cross-sectoral costs	1 900	1 000	2 900
Total	**13 195**	**31 805**	**45 000**

Preparation process

24. The UNDAF, which is in line with national priorities and supported by civil society partners, guides the country programme of cooperation between UNICEF and the Government of Egypt. A Joint Strategy Meeting, involving the Office of the Prime Minister, line ministries, donors and civil society, was held under the auspices of the United Nations Resident Coordinator's Office and the Ministry of Foreign Affairs. A series of consultations with partners contributed to the development of the programme. The country programme also takes into account the recommendations of the Committee on the Rights of the Child and of the mid-term review, the Common Country Assessment and the UNICEF medium-term strategic plan (MTSP) for 2006-2009.

Goals, key results and strategies

25. The overall goal of the country programme is to advance the protection and fulfilment of the rights of children, with a special focus on strengthening national capacities in terms of both performance and accountability, and reducing regional disparities, including gender disparities. The expected results will contribute to the national efforts to alleviate poverty outlined in the Government's national development plan and the UNDAF. Specifically, it will contribute to: (a) reduced young child mortality and morbidity and improved maternal health; (b) improved of children's developmental readiness to start primary school, and increased school retention and achievement rates; (c) effective legislative and enforcement systems that improve the response capacities of the Government and civil society to protect children at risk from violence, exploitation and abuse; (d) reduced risks and vulnerability to HIV/AIDS of most at-risk children and adolescents, and expanded access to care and support for people living with HIV/AIDS, orphans and other vulnerable children; (e) increased knowledge and skills of adolescents for their development and participation, within a supportive environment; (f) strengthened societal attitudes to further promote a culture of respect for women and protection of children among key stakeholders; and (g) increased resource allocations for children.

26. The programme will work to strengthen institutional capacities, responses and systems at national and subnational levels to increase the accountability, efficiency and effectiveness of programme management, strengthen quality assurance systems and promote community empowerment. Community capacities to seek information and make decisions that benefit children will be strengthened, raising demand for quality services. Service delivery will take place through piloting of innovative community-based initiatives in selected areas in Upper Egypt and in Cairo and Alexandria. An integrated approach will address the needs of children, families and communities. The geographic focus in Upper Egypt will be determined based on children's needs, convergence between programmes, potential impact, the commitment of local government and opportunities for joint programming.

27. Empowering families and communities through social mobilization and communication for behavioural change will be another core strategy. Families and communities will be provided with knowledge and skills for better care and protection of children. Efforts will also focus on the general population, at-risk groups, policy makers and opinion leaders.

28. Partnerships will be expanded to achieve lasting results, leverage resources and mainstream community initiatives. New partnerships will be sought with the private sector and influential leaders in Egyptian society. Joint programmes will be increased where there is added value.

29. The programme will also aim to improve knowledge networking and research that informs policy formulation and implementation, supports programme development, improves monitoring and influences public discourse on children and women.

Relationship to national priorities and the UNDAF

30. The goal and results of the country programme are within the UNDAF, which commits the United Nations to work towards: (a) strengthening state capacities, particularly to reduce exclusion, vulnerabilities and gender disparities; (b) addressing employment opportunities for the most vulnerable and curbing child labour; (c) reducing regional human development disparities; (d) strengthening the role and participation of women in the political and public spheres; and (e) promoting a culture of respect for human rights. Vulnerable groups, particularly children, women and youth, figure prominently in the UNDAF. The country programme is designed to facilitate the UNICEF contribution to the UNDAF outcomes as follows: all programmes will address institutional strengthening (outcome 1); delivery of basic services through innovative community-based initiatives in Upper Egypt (outcome 3); supporting efforts to curb child labour (outcome 2); addressing discrimination and violence against children (outcome 4); and enhancing the active participation of youth in public life across sectors (outcome 5).

Relationship to international priorities

31. The United Nations approach is guided by the Millennium Declaration and the Millennium Development Goals. The key to success will be addressing regional and gender disparities. The UNICEF country programme focuses on 16 of the 36 key result areas of the 2006-2009 MTSP.

Programme components

32. The country programme has adopted the life-cycle approach and is structured around three age groups: children under five years; school-age children (6-12 years); and adolescents/young people (13-18 years).

33. The **young child survival and development** programme aims to achieve the following results: (a) reduced malnutrition resulting from inappropriate breastfeeding and complementary feeding practices in identified intervention areas; (b) iodine deficiency disorders and vitamin A deficiency to be virtually eliminated, and iron-deficiency anaemia significantly reduced; (c) reduced disparities and improved routine immunization in low-performing areas; (d) increased access in targeted areas of Upper Egypt to the Integrated Management of Childhood Illness (IMCI) Plus package, including improved community and family practices and perinatal services; (e) improved access to early childhood development (ECD) services; and (f) reduced frequency of water-borne diseases or illnesses resulting from poor sanitation in semi-urban slums and targeted rural communities.

34. Technical and policy support will be provided for the prevention and control of micronutrient deficiencies. The development and implementation of national policy and guidelines on infant and young child feeding will be supported, as will strengthening the skills of outreach workers in appropriate care and feeding practices. Selected communities in Upper Egypt will be provided with knowledge and skills for better neonatal and child-care practices including improved sanitation and hygiene practices.

35. The country programme will support the Ministry of Health and Population in improving the quality of immunization services, thus reducing disparities in routine immunization for vaccine-preventable diseases; strengthening the community component of IMCI; and capacity-building in health service delivery and management, focusing on young child and maternal health care. Contributions by the private sector to health will be pursued to ensure that standard policies and practices are implemented. These efforts will be complemented by central-level advocacy on water quality. The country programme will support the Ministry of Housing to undertake studies and research geared to influence policy. UNICEF will work closely with the World Food Programme (WFP) on sanitation and the United Nations Centre for Human Settlements (Habitat) on slum upgrading.

36. The country programme will support research related to achieving the health-related Millennium Development Goals, and will assist in building and disseminating knowledge on children's health and nutritional status. Data-driven and evidence-based advocacy will be undertaken to address the core issue of disparity and to ensure that high-impact health and nutrition interventions are provided in disadvantaged governorates.

37. Working under the leadership of the Ministry of Health and Population, partnerships will be sought with the Paediatric Society, Medical Syndicate, the private sector, water and sanitation authorities and NGOs. UNICEF and WFP will work with Ministry of Health and Population and the National Nutrition Institute to monitor and implement legislation and a strategy for iron fortification to combat anaemia, vitamin A supplementation and salt iodization. The programme will also support the World Health Organization and the Ministry of Health and Population to strengthen routine immunization.

38. The **quality education** programme aims to achieve the following results: (a) improved educational quality, with a special emphasis on teaching methods and the learning environment, (b) narrowed gender disparities and increased school retention and completion rates, (c) decreased use of corporal punishment; and (d) improved hygiene and sanitation facilities in select primary schools.

39. The country programme will support the Ministry of Education and partners in increasing retention and completion rates by addressing three aspects of quality learning: teaching methods; the school environment; and sanitation and hygiene. The review and update of the Basic Education Standards is vital. UNICEF will provide technical assistance in the areas of strategic planning, national standards and application tools for early childhood and basic education, with a focus on teaching methods, the learning environment, community participation and strengthening schools' decision-making and management processes.

40. UNICEF will continue supporting community initiatives in Upper Egypt, including promoting and building capacities for activity-based learning in conventional schools. The Girls' Education Initiative led by the National Council of Childhood and Motherhood will be supported by enhancing the quality of teaching and learning processes, providing school feeding through WFP, and establishing a school environment supportive of girls' development. It will continue as a joint programme with six agencies.

41. The issue of young children's developmental readiness to start school needs to be addressed. UNICEF will work with the Ministry of Education, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other partners to establish standards for ECD, building capacities and developing monitoring tools.

42. The **HIV/AIDS and adolescent development** programme aims to achieve the following results: (a) improved knowledge, skills and services for adolescents to reduce their vulnerability to HIV/AIDS and encourage healthy lifestyles, (b) national policies and cross-sectoral plans for HIV/AIDS and adolescent development formulated and implemented; (c) a strengthened information base on the situation of adolescents in relation to health, education, HIV/AIDS and participation; (d) increased action by the media, opinion leaders and the private sector to advocate for the rights of adolescents, fight stigma and discrimination and promote care and support for children and families affected by HIV/AIDS; and (e) increased participation by young people in community development and public life.

43. The programme will support both the National AIDS Programme, under the Ministry of Health and Population, in developing and implementing a multisectoral national strategic plan on HIV/AIDS, and the National Council of Youth in formulating and implementing a multisectoral national youth policy. UNICEF will work on closing the gaps in institutional and human capacities within government and civil society, including the private sector, and facilitating partnerships across sectors.

44. The country programme will support life-skills peer education and counselling for adolescents and at-risk children to enable them to make informed decisions, avoid risky behaviours and protect themselves from HIV infection. Their understanding of gender equality and human rights will be improved. Young people's participation in community development and public life will be enhanced through a national civic education programme and through youth centres, where young people implement youth-led initiatives in their respective communities. Services for the care and support

for people living with HIV/AIDS and vulnerable children, including street children, will be a focus. This includes strengthening support groups and emphasizing the quality of HIV/AIDS services.

45. Social mobilization and communication will help to build commitment to adolescents' rights, youth participation and the national response to HIV/AIDS, including fighting stigma. This will include multimedia programmes for and by adolescents, and mobilizing policy makers, opinion leaders and the private sector to address HIV/AIDS and other issues concerning young people. The *Unite for Children, Unite against AIDS* campaign will continue throughout the programme cycle, highlighting the impact of the pandemic on children and adolescents and mobilizing resources.

46. The country programme will emphasize evidence-based planning and impact assessment to include: (a) an updated national survey on young people that focuses on health, education, HIV/AIDS, youth participation and media to guide relevant policies and programmes; and (b) behavioural surveillance surveys among street children to monitor trends, update the national assessment and assess HIV/AIDS service quality and utilization.

47. The **child protection** programme aims to achieve the following results: (a) a data and monitoring system on key child protection indicators related to child labour, street children and violence against children developed; (b) improved national systems for monitoring, identification and referral for children at risk and in need of protection; (c) increased capacity of stakeholders, the Government, communities and NGOs to strengthen detection and referral mechanisms and service delivery; and (d) reduced stigmatization by society and increased public response and dialogue on concerns of children at risk, with an emphasis on violence against children. UNICEF will continue to support the National Council of Childhood and Motherhood as it leads national child protection efforts.

48. The programme will support the development of systems for data collection, assessment, monitoring and evaluation of key child protection indicators to monitor abuse and violence against children, and to guide advocacy and policy campaigns. UNICEF will provide technical support for the development and implementation of policies and mechanisms to protect children at risk in line with the Child Law. This will be complemented by building the capacities of local service providers to detect child abuse, exploitation and violence and provide referrals, and empowering communities to play a central role in protecting children. To reduce stigmatization, initiatives will be designed to raise awareness of violence, abuse and exploitation of children, in particular in schools and the streets, and of FGM/C and sexual exploitation. The programme will continue to support integrated community initiatives covering these areas. Work will focus in Upper Egypt, and in Cairo and Alexandria.

49. The **social policy, advocacy and partnerships for children's rights** programme aims to bring about positive changes in Egypt's political, economic and social environment to benefit children. It is designed to have: (a) increased availability of strategic information for monitoring progress on the Millennium Development Goals and Millennium Declaration, documenting child poverty and analysing factors that threaten or violate children's rights; and (b) informed appropriate policies, social sector plans and budgets. UNICEF will support policy makers to monitor and evaluate development activities, identify policy options related to social safety nets for

children, and improve capacities for budgetary analysis and increases in the social sector budget for children, especially in disadvantaged areas.

50. Advocacy will be geared towards increasing public awareness of children's issues and developing and strengthening partnerships to benefit children and their families. Ties to religious leaders, parliamentarians, the private sector and other influential bodies and organizations will be expanded to ensure that the situation of children remain a prime focus of public attention. The capacities of the mass media will be strengthened to increase reporting on children's issues, and a focused effort will be initiated to make children's voices heard.

51. The behavioural communication component will focus on empowering families and communities, improving family health practices in rural communities, raising young people's awareness of HIV/AIDS, stopping FGM/C and increasing public perceptions of women's rights. Approaches will include household and community education, community participation, partnerships for achieving larger-scale change and increasing public awareness of children's issues. Work will continue towards increasing the skills of government, NGOs and other civil society partners to undertake behavioural communication interventions and research on children.

52. **Emergency preparedness** in the event of a humanitarian crisis or a natural disaster is addressed in all programmes, and UNICEF, as a member of the United Nations Country Team, will support the Government to strengthen its disaster preparedness mechanisms. Interventions, including those to combat avian influenza, will be designed in line with the Core Commitments for Children in emergencies.

53. **Cross-sectoral costs** cover key programme and operations staff, and the cost of establishing a joint United Nations sub-office in Upper Egypt.

Major partnerships

54. UNICEF will continue to participate in joint programmes on: (a) the Girl's Education Initiative, with the United Nations Development Programme (UNDP), UNESCO, the United Nations Population Fund (UNFPA) and WFP; (b) community schools, with WFP; (c) micronutrients, with WFP; (d) upgrading of slums, with UNDP, UNFPA and Habitat; (e) *DevInfo*, with all United Nations partners; (f) supporting the Egyptian Network of NGOs against AIDS, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP; and (g) private sector partnerships for the national response to HIV/AIDS, with UNAIDS, the United Nations Office on Drugs and Crime, the International labour Organization, CARE and six private companies. UNICEF will also participate in the UNAIDS Implementation Support Plan.

55. NGOs and community-based organizations are important partners in Upper Egypt. Strategic alliances will be formed with the private sector, media, public relations companies, salt producers, influential leaders within the society, religious and academic leaders, research institutions, Egypt's Social Fund for Development, the World Bank and bilateral donors.

Monitoring, evaluation and programme management

56. The Government will lead monitoring of national progress towards the Millennium Development Goals through *DevInfo*. A joint United Nations programme will facilitate the transfer of the software to the Government and help to build national capacities to monitor indicators.

57. The Integrated Monitoring and Evaluation Plan will be used to monitor key studies and evaluations across the country programme. Programme management will be reviewed with the National Council of Childhood and Motherhood and key government partners. UNICEF will be part of the UNDAF review process with United Nations and national partners.